

**MUST BE
POSTMARKED ON
OR BEFORE
MAY 28, 2008**

**Burton v. Lehman
c/o The Garden City Group, Inc.
P.O. Box 91036
Seattle, WA 98111-9136
Toll-Free: 1 (888) 665-2831 Or (206) 725-6940**



BVL

Claim Number:

Control Number:

REQUIRED ADDRESS INFORMATION OR CORRECTIONS

If the pre-printed address to the left is incorrect or out of date, please provide your current name and address here:

Name:

Address:

City/State/Zip:

CLAIM FORM

Lonnie Burton, et al. v. Joseph Lehman, et al., Thurston County Superior Court, Case No. 01-2-02159-9

Fill out this form, sign it, and mail it, postmarked on or before May 28, 2008, to the address at the top of this form.

Please note: If your Claim Form is deemed valid, you will be reimbursed for the standard first-class mail postage spent to submit your claim.

1. Department of Corrections (DOC) No.: 2. Social Security No.:
3. Your Phone Number: () - 4. Your Phone Number: () -

5. CHECK ALL BOXES THAT APPLY (**YOUR SELECTION MUST BE POSTMARKED BY MAY 28, 2008.**)

☐ I believe I paid \$_____ for postage during the time period of November 20, 1998 to May 10, 2005.
Please provide written proof of your claim with the Claim Form.

☐ I believe that I lost personal property during the time period of November 20, 1998 to May 10, 2005.
I would like the \$75.00 refund/credit (**depending on the number of claims made, this refund amount could be reduced on a pro-rata basis**). **Please provide written proof of your claim with the Claim Form to include approximate date of loss and/or the kind of property lost.**

6. CHECK THE FOLLOWING BOX IF YOU WANT TO BE EXCLUDED FROM THIS SETTLEMENT. IF YOU WANT A REFUND DO NOT REQUEST EXCLUSION FROM THE SETTLEMENT. (**YOUR SELECTION MUST BE POSTMARKED BY MAY 28, 2008.**)

☐ I wish to be excluded from the settlement in *Burton, et al. v. Lehman, et al.*, Thurston County Superior Court, Case No. 01-2-02159-9 for the following reason(s): _____

I swear under penalty of perjury that the information on this form is true and correct.

Sign here: _____ Today's date: __/__/__

Signed at: _____ (City) _____ (State)

QUESTIONS? CALL TOLL-FREE 1 (888) 665-2831 OR (206) 725-6940